

County: Jefferson
 FORT ATKINSON SUBACUTE CARE CENTER
 611 SHERMAN AVENUE EAST

Facility ID: P220

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FORT ATKINSON 53538 Phone: (920) 568-5200
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? Yes
 Number of Beds Set Up and Staffed (12/31/01): 28
 Total Licensed Bed Capacity (12/31/01): 28
 Number of Residents on 12/31/01: 12

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? No
 Average Daily Census: 20

Non-Profit Corporation
 Skilled
 No
 Yes
 No
 20

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	100.0		
Home Health Care	No					1 - 4 Years	0.0		
Supp. Home Care-Personal Care	No					More Than 4 Years	0.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.3				
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	41.7				
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	41.7				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	8.3				
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0				
Congregate Meals	No	Cancer	0.0			*****			
Home Delivered Meals	No	Fractures	50.0		100.0	Full-Time Equivalent			
Other Meals	No	Cardiovascular	0.0	65 & Over	91.7	Nursing Staff per 100 Residents			
Transportation	No	Cerebrovascular	25.0			(12/31/01)			
Referral Service	No	Diabetes	0.0	Sex	%	RNs	49.2		
Other Services	No	Respiratory	0.0			LPNs	34.2		
Provide Day Programming for		Other Medical Conditions	25.0	Male	16.7	Nursing Assistants,			
Mentally Ill	No			Female	83.3	Aides, & Orderlies			
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medi care (Title 18)			Medi cal d (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care					Total	%	
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Resi - dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	11	100.0	184	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	100.0	184	12	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		0	0.0		0	0.0		0	0.0		0	0.0		1	100.0		12	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	2.6	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	0.0	75.0	25.0	12
Other Nursing Homes	1.0	Dressing	25.0	50.0	25.0	12
Acute Care Hospitals	95.4	Transferring	16.7	83.3	0.0	12
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	25.0	41.7	33.3	12
Rehabilitation Hospitals	1.0	Eating	83.3	8.3	8.3	12
Other Locations	0.0	*****				
Total Number of Admissions	303	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	25.0	Receiving Respiratory Care		0.0
Private Home/No Home Health	62.9	Occ/Freq. Incontinent of Bladder	8.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	11.5	Occ/Freq. Incontinent of Bowel	25.0	Receiving Suctioning		0.0
Other Nursing Homes	5.4			Receiving Ostomy Care		0.0
Acute Care Hospitals	11.5	Mobility		Receiving Tube Feeding		8.3
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		16.7
Rehabilitation Hospitals	1.0					
Other Locations	6.7	Skin Care		Other Resident Characteristics		
Deaths	1.0	With Pressure Sores	8.3	Have Advance Directives		25.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	313			Receiving Psychoactive Drugs		50.0

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	71.4	88.1	0.81	84.6	0.84
Current Residents from In-County	75.0	83.9	0.89	77.0	0.97
Admissions from In-County, Still Residing	3.0	14.8	0.20	20.8	0.14
Admissions/Average Daily Census	1515.0	202.6	7.48	128.9	11.75
Discharges/Average Daily Census	1565.0	203.2	7.70	130.0	12.03
Discharges To Private Residence/Average Daily Census	1165.0	106.2	10.97	52.8	22.08
Residents Receiving Skilled Care	100.0	92.9	1.08	85.3	1.17
Residents Aged 65 and Older	91.7	91.2	1.00	87.5	1.05
Title 19 (Medicaid) Funded Residents	0.0	66.3	0.00	68.7	0.00
Private Pay Funded Residents	0.0	22.9	0.00	22.0	0.00
Developmentally Disabled Residents	0.0	1.6	0.00	7.6	0.00
Mentally Ill Residents	0.0	31.3	0.00	33.8	0.00
General Medical Service Residents	25.0	20.4	1.22	19.4	1.29
Impaired ADL (Mean)*	46.7	49.9	0.93	49.3	0.95
Psychological Problems	50.0	53.6	0.93	51.9	0.96
Nursing Care Required (Mean)*	4.2	7.9	0.53	7.3	0.57